★★★ **Government of the District of Columbia**

2021 D-20 Corporation Franchise Tax Return

21020011000 2

Important: Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY
Vendor ID# 0002

Taxpayer Identification Number (TIN)

Number of business locations
In DC: Outside DC:

Tax period ending (MMDDYYYY)

Fill in ○ if QHTC located in DC Ballpark TIF Area

Fill in ○ if Amended Return

Name of corporation

Fill in ○ if Final Return

Fill in ○ if Certified QHTC

Business mailing address #1

Fill in ○ if Combined Report*
*You must fill in the Designated Agent info below

Business mailing address #2

Fill in ○ if Worldwide**
**Worldwide form must be filed with this return

City   State   Zip Code + 4

Designated Agent Name   Designated Agent TIN

•READ INSTRUCTIONS BEFORE PREPARING RETURN• (To allocate non-business Items, see instructions)

Enter dollar amounts only.
If amount is zero, leave line blank; if minus, enter amount and fill in oval.

GROSS INCOME

1	Gross receipts, minus returns and allowances	1 $	.00
2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)	2 $	.00
3	Gross profit from sales and/or operations Line 1 minus Line 2 Fill in if minus: ○	3 $	.00
4	Dividends from Form D-20, Schedule B	4 $	.00
5	Interest (attach statement)	5 $	.00
6	Gross rental income from D-20, Schedule I, Column 3, Line 6	6 $	.00
7	Gross royalties (attach statement)	7 $	.00
8(a)	Net capital gain (loss) (attach a copy of your federal Schedule D) Fill in if minus: ○	8(a) $	.00
(b)	Ordinary gain (loss) from Part II, fed. Form 4797, (attach copy) Fill in if minus: ○	8(b) $	.00
9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund	9 $	.00
10	Other income (loss) (attach statement) Fill in if minus: ○	10 $	.00
11	**Total gross income.** Add Lines 3-10 Fill in if minus: ○	11 $	.00

DEDUCTIONS

12	Compensation of officers from Form D-20, Schedule C	12 $	.00
13	Salaries and wages	13 $	.00
14	Repairs	14 $	.00
15	Bad debts	15 $	.00
16	Rent	16 $	.00
17	Taxes from Form D-20, Schedule D	17 $	.00
18(a)	Interest payments $ 00		
(b)	Minus nondeductible payments to related entities $ 00 =	18c $	.00
19	Contributions and/or gifts (attach statement)	19 $	.00
20	Amortization (attach a copy of your federal Form 4562)	20 $	.00
21	Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)	21 $	.00
22	Depletion (attach statement)	22 $	.00
23a)	Enter royalty payments made $ 00		
(b)	Minus nondeductible payments to related entities $ 00 =	23c $	.00

Revised 07/2021

Taxpayer Name: _____

Taxpayer Identification Number: _____

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ENTER DOLLAR AMOUNTS ONLY

DEDUCTIONS

#	Description		Amount
24	Pension, profit-sharing plans	24	$ .00
25	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund	25	$ .00
26	Other deductions (attach statement)	26	$ .00
27	Total deductions. Add Lines 12–26.	27	$ .00
28	Net income Line 11 minus Line 27. Fill in if minus: ◯	28	$ .00
29	(a) Non-business income/state adjustment (attach statement) Fill in if minus: ◯	29a	$ .00
	(b) Expense related to non-business income (attach statement)	29b	$ .00
	(c) 29(a) minus 29(b) Fill in if minus: ◯	29c	$ .00
30	Net income subject to apportionment Fill in if minus: ◯ Line 28 minus Line 29(c)	30	$ .00
31	DC apportionment factor from Form D-20, Schedule F, Col. 3, Line 5. If Combined Report, from Combined Reporting Schedule 2A, Col. 3, Line 9.	31	.
32	Net income from trade or business Fill in if minus: ◯ apportioned to DC Line 30 amount multiplied by Line 31 factor.	32	$ .00
33	Other income/deductions attributable to DC Fill in if minus: ◯ (attach statement - see instructions)	33	$ .00
34	Total taxable income before apportioned NOL Fill in if minus: ◯ deduction Line 32 plus or minus Line 33.	34	$ .00
35	Apportioned NOL deduction (Losses occurring in year 2000 and later)* *(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)	35	$ .00
36	Total **DC taxable income.** Line 34 minus Line 35. Fill in if minus: ◯	36	$ .00
37	Tax 8.25% of Line 36.	37	$ .00
38	Minus nonrefundable credits from Schedule UB, Line 9	38	$ .00
39	Total DC gross receipts from Line '4' MTLGR Worksheet	$	.00
40	Net tax. Line 37 minus Line 38. The minimum tax is $250 if DC gross receipts are $1M or less or $1,000 if DC gross receipts are greater than $1M.	40	$ .00
41	Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time to file	41a	$ .00
	(b) Tax paid, if any, with original return if this is an amended return	41b	$ .00
	(c) 2021 estimated franchise tax payments	41c	$ .00
	(d) Refundable credits from Schedule UB, Line 12	41d	$ .00
42	If this is an amended 2021 return, enter refund requested with original return.	42	$ .00
43	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.	43	$ .00
44	Estimated tax interest (Fill in oval if D-2220 attached) ◯	44	$ .00
45	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due. Will this payment come from an account outside of the U.S.? ◯ Yes ◯ No See instructions.	45	$ .00
46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.	46	$ .00
47	Amount you want to apply to your 2022 estimated franchise tax.	47	$ .00
48	Amount to be refunded. Line 46 minus Line 47.	48	$ .00

Third party designee *To authorize another person to discuss this return with OTR, fill in here* ◯ *and enter the name and phone number of that person. See instructions.*

Designee's name _____ Phone number _____

PLEASE SIGN HERE

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

_____ _____

Officer's signature   Title   Date   Telephone number of person to contact

PAID PREPARER ONLY

_____

Preparer's signature (if other than taxpayer)   Date   Firm name   Firm address

Preparer's PTIN _____

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval. ◯

Email Address _____

Taxpayer Name: _____

Taxpayer Identification Number: _____

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Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)

1. Inventory at beginning of year...............................	$
2. Merchandise bought for manufacture or sale..........	
3. Salaries and wages..	
4. Other costs per books (attach statement).............. (Additional federal depreciation and additional IRC § 179 expenses are not allowable.)	
5. Total	$
6. Minus: Inventory at end of tax year......................	
7. Cost of goods sold (Enter here and on D-20 Line 2.)	$

Method of inventory valuation:

Schedule B - Dividends (See specific instructions for Line 4.)

NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
	$
Total Dividends	
Minus deduction for Subpart F Income.	$
Minus deduction for dividends received from wholly-owned subsidary	
TOTAL (Enter here and on D-20, Line 4.)	$

Schedule C - Compensation of officers (See specific instructions for Line 12. If more than 3 offices attach additional sheets as needed.)

Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col.5 Preferred		
		%	%	%	$	$
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 12.)					$	

Schedule D - Taxes (See specific instructions for Line 17.)

EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	$		$
		TOTAL (Enter here and on D-20, Line 17.)	$

Schedule E - Reconciliation of the net income reported on Federal and DC returns

1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	$	7. Total DC taxable income reported (from D-20, Line 36.	$
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME			
2. Income taxes (see specific instructions for Line 17).		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		8. Net income apportioned or allocated to outside DC.	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		9. Other non-taxable income and additional deductions including NOL (itemize):	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses). (a) _____ (b) _____		(a) _____ (b) _____	
6. TOTAL of Lines 1–5.	$	10. TOTAL of Lines 7, 8 and 9.	$

Taxpayer Name: _____

Taxpayer Identification Number: _____

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Schedule F - DC apportionment factor (See instructions) Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar.   Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
1. **SALES FACTOR:** All gross receipts of the business other than gross receipts from non-business income.	$ .00	$ .00	.

For Financial Institutions:

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor
2. **SALES FACTOR:** All gross income of the financial institution other than gross income from non-business income.	$ .00	$ .00	.
3. **PAYROLL FACTOR:** Total compensation paid or accrued by the financial institution.	$ .00	$ .00	.

4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)   .

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on D-20, Line 31.   .

Schedule G - Balance Sheets

		Beginning of Taxable Year		End of Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS	1. Cash.				
	2. Trade notes and accounts receivable.				
	(a) MINUS: Allowance for bad debts.				
	3. Inventories				
	4. Gov't obligations: (a) U.S. and its instrumentalities. . . .				
	(b) States, subdivisions thereof, etc. .				
	5. Other current assets (attach statement).				
	6. Loans to stockholders.				
	7. Mortgage and real estate loans.				
	8. Other investments (attach statement).				
	9. Buildings and other fixed depreciable assets				
	(a) MINUS: Accumulated depreciation.				
	10. Depletable assets.				
	(a) MINUS: Accumulated depletion.				
	11. Land (net of any amortization).				
	12. Intangible assets (amortizable only)				
	(a) MINUS: Accumulated amortization				
	13. Other assets (attach statement)				
	14. TOTAL ASSETS.				
LIABILITIES AND CAPITAL	15. Accounts payable				
	16. Mortgages, notes, bonds payable in less than 1 year.				
	17. Other current liabilities (attach statement).				
	18. Loans from stockholders				
	19. Mortgages, notes, bonds payable in 1 year or more . .				
	20. Other liabilities (attach statement)				
	21. Capital stock: (a) Preferred stock				
	(b) Common stock				
	22. Paid-in or capital surplus (attach statement)				
	23. Retained earnings - Appropriated (attach statement) . .				
	24. Retained earnings - Unappropriated				
	25. MINUS: Cost of treasury stock		( )		( )
	26. TOTAL LIABILITIES AND CAPITAL				

Taxpayer Name: _____

Taxpayer Identification Number: _____

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Schedule H-1 – Reconciliation of Income (Loss) per Books With Income (Loss) per Return

1. Net income per books.	$	7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest $_____	$
2. Federal income tax			
3. Excess of capital losses over capital gains . .			
4. Taxable income not recorded on books this year (itemize)			
5. Expenses recorded on books this year and not deducted on this return (itemize).		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation . . . . . $ _____ (b) Depletion . . . . $ _____	
(a) Depreciation . . . . . . $_____			
(b) Depletion . . . .$_____		9. TOTAL of Lines 7 and 8	$
6. TOTAL of Lines 1 through 5.	$	10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	$

Schedule H-2 – Analysis of Unappropriated Retained Earnings per Books

1. Balance at beginning of year	$	5. Distributions: (a) Cash	$
2. Net income per books		(b) Stock	
3. Other increases (itemize)		(c) Property	
_____		6. Other decreases (itemize). _____	
_____			
_____		7. TOTAL of Lines 5 and 6.	$
4. TOTAL of Lines 1, 2 and 3.	$	8. Balance at end of year (Line 4 minus Line 7). .	$

Schedule I – Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1. _____		$	$	$	$
2. _____					
3. _____					
4. _____					
5. _____					

6. TOTAL (Enter the total of Column 3 on D-20, Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)

$	$	$	$

*excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		$			$

Taxpayer Name: _____

Taxpayer Identification Number: _____

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*

Schedule K- Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District).   (See instructions.)

Disregarded Entity Name	TIN

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:

4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –	5. LOCATED AT –

6. During 2021, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS?   YES ◯   NO ◯

If you have already provided OTR with a detailed statement, enter the date it was sent. [_____]   MM/DD/YYYY

If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.

7. Is this corporation unitary with another entity?   ◯ YES ◯ NO   If yes, explain:

8. Is this return made on the accrual basis?   ◯ YES ◯ NO   If no, **indicate basis us**ed: ◯ Cash Basis   ◯ Other (specify)

9. Did you file a franchise tax return with DC for the year 2020?   ◯ YES ◯ NO   If no, state reason

10. Did you withhold DC income tax from wages paid to your DC resident employees during 2021?   ◯ YES ◯ NO   If no, state reason:

11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2021?   ◯ YES ◯ NO

12. (a) Has the business been terminated?   ◯ YES ◯ NO   If yes, explain and give date:

    (b) Have you moved out of DC?   ◯ YES ◯ NO

13. Did you file an annual ballpark fee return?   ◯ YES ◯ NO

*Schedule J has been deleted.

★ ★ ★ **Government of the District of Columbia**

2021 SCHEDULE UB
Business Credits

OFFICIAL USE ONLY
Vendor ID# 0002

2 1 2 3 0 0 2 1 0 0 0 2

Important: Print in CAPITAL letters using black ink.
Attach to your Form D-20 or D-30.

Taxpayer Identification Number

Fill in ⬭ if FEIN   Fill in ⬭ if filing a D-20 Return
Fill in ⬭ if SSN   Fill in ⬭ if filing a D-30 Return

Enter your business name

D-20 Return
Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax)

1	Economic Development Zone Incentives Credits *(see worksheet).*	1 $	00
2	Qualified High Technology Company Credits *from Part D, Line 4a, DC Form D-20CR.*	2 $	00
3	Organ and Bone Marrow Donor Credit *(see computation on reverse side).*	3 $	00
4	Job Growth Incentive Act	4 $	00
5	Enter alternative fuel credits. See instructions		

5a Alternative fuel infrastructure. _____ # of stations $ _____ 00

5b Alternative fuel vehicle conversion. _____ # of vehicles $ _____ 00

6	Total alternative fuel credits. Add Lines 5a and 5b only and enter here.	6 $	00
7	Employer-assisted Home Purchase Tax Credit *(see computation on reverse side).* 7a _____ # of employees	7 $	00
8	DC Low-Income Housing Tax Credit *(see instructions).*	8 $	00
9	Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38.	9 $	00

Refundable Credits

10	RESERVED	10 $	00
11	Small Retailer Property Tax Relief Credit	11 $	00
12	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(d).	12 $	00

D-30 Return
Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax)

13	Economic Development Zone Incentives Credit (see worksheet).	13 $	00
14	Organ and Bone Marrow Donor Credit *(see computation on reverse side)*	14 $	00
15	Job Growth Incentive Act	15 $	00
16	Enter alternative fuel credits. *See instructions*		

16a Alternative fuel infrastructure. _____ # of stations $ _____ 00

16b Alternative fuel vehicle conversion. _____ # of vehicles $ _____ 00

17	Total alternative fuel credits. Add Lines 16a and 16b only and enter here.	17 $	00
18	Employer-assisted Home Purchase Tax Credit *(see computation on reverse side).* 18a _____ # of employees	18 $	00
19	DC Low-Income Housing Tax Credit *(see instructions).*	19 $	00
20	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	20 $	00

Refundable Credits

21	Small Retailer Property Tax Relief Credit	21 $	00
22	Total the refundable D-30 credits, enter here and on Form D-30, Line 41(d).	22 $	00

Revised 08/2021

Schedule UB Instructions - Qualified High Technology Companies
If you claim credits on Lines 2 above, attach a copy of your DC Form D-20CR to the D-20.

Organ and Bone Marrow Donor Credit

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or to donate bone marrow (up to 7 days leave) is eligible to claim a credit against the franchise tax. The credit is equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also deduct the salary paid to the donor employee for that period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

Organ and Bone Marrow Donor Credit
— Computation —

Column 1 Credit Category	Column 2 Total Paid Leave	Column 3 Leave Credit Calculation	Column 4 Total Credit
Organ Donor(s)	Total Paid Leave Wages $_____	Col 2 _____ amt. × 25% _____ $_____	 $_____
Bone Marrow Donor(s)	Total Paid Leave Wages $_____	Col 2 _____ amt. × 25% _____ $_____	 $_____
		Total of Col. 4. Enter here and on Schedule UB.*	$_____

*Line 3 of Schedule UB for D-20 filers
Line 14 of Schedule UB for D-30 filers

Employer-Assisted Home Purchase Tax Credit
— Computation —

1. **Number of Eligible Employees** ☐

2. **Amount of Homeownership Assistance provided during this period to Eligible Employees..........................x 50%** $_____

3. **Tax Credit ....** $_____
   (Cannot exceed Line 2 amount and limited to $2,500 per Eligible Employee)

Enter amount from Line 3 on
Line 7 of Schedule UB for D-20 filers, or
Line 18 of Schedule UB for D-30 filers.

Employer-Assisted Home Purchase Tax Credit
An employer who provides homeownership assistance to eligible employees through a certified home purchase program may be eligible to claim a credit against the franchise tax if certain conditions are met. See instructions and DC Code Section 47-1807.07 for further details.

Government of the District of Columbia

2021 Combined Group Members' Schedule

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

Important: Print in CAPITAL letters using black ink.

2 1 2 3 0 0 3 1 0 0 0 2

○ Worldwide

Taxpayer Identification Number of Designated Agent

Taxable year ending MMDDYYYY

Number of members in the combined group

Name of Designated Agent

Telephone number

Business mailing address line #1

Business mailing address line #2

City

State

Zip Code + 4

A List the designated agent and all combined members	**B** Taxpayer Identification Number	**C** Was a separate DC franchise tax return filed in the prior year?	**D** Is the member new to the combined group?	**E** Was gross income received from District sources?	**F** Does the member have nexus in DC?
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Note: If more than 14 combined members, continue list on a separate sheet of paper.

Revised 07/2021

Government of the District of Columbia

Worldwide Combined Reporting Election Form

2 1 2 3 0 0 1 1 0 0 0 2

Taxpayer Identification Number of Designated Agent

Taxable Year YYYY

◯ Worldwide

Name of Designated Agent

Telephone number

Business address line #1

Business address line #2

City

State

Zip code +4

- In accordance with the provisions of DC Official Code § 47-1810.07 and the combined reporting regulations, election is hereby made to report on a worldwide unitary combined basis.

- A worldwide unitary combined reporting election is binding for and applicable to the tax year it is made and all years thereafter for a period of ten years.

- It may be withdrawn or reinstituted after withdrawal, prior to the expiration of the ten-year period, only upon written request for reasonable cause based on extraordinary hardship due to unforeseen changes in DC tax statutes, law or policy and only with the written permission from the Office of Tax and Revenue.

- Upon the expiration of the ten-year period, a taxpayer may withdraw from the worldwide unitary combined reporting election.

- Withdrawal must be made in writing within one year of the expiration of the election and is binding for a period of ten years, subject to the same conditions as applied to the original election.

Date Beginning Tax Period: MMDDYYYY

Date Ending Tax Period: MMDDYYYY

_____

Authorized Signature

_____

Printed Name

Date

Under penalties of law, I declare that the designated agent has authorized me to sign on behalf of all members of the combined group, and that I have examined this form and the information contained herein is, to the best of my knowledge and belief, correct and complete.

Revised 07/2021

★★★ Government of the District of Columbia

2021 SCHEDULE SR Small Retailer
Property Tax Relief Credit

Important: Read eligibility requirements before completing.
Print in CAPITAL letters using black ink.

21SR00110002

OFFICIAL USE ONLY Vendor ID#0002

Taxpayer Identification Number

Fill in ◯ if FEIN   Fill in ◯ if filing a D-20 Return
Fill in ◯ if SSN   Fill in ◯ if filing a D-30 Return

Enter your business name

Sales and Use Tax Account Number

Mailing address (number, street and suite number if applicable)

City   State   Zip Code +4

Address of Class 2 **DC** Property (number, street and suite number if applicable) for which you are claiming the credit if different from above

City   State   Zip Code +4

Certificate of Occupancy Permit Number

If member of a Combined Group, Taxpayer Identification Number of Designated Agent

◆ **Do not claim this credit if your qualified business is exempt from or receives any tax credits towards its real property tax or the qualified rental retail location or the qualified owned retail location is otherwise exempt from real property tax.**

◆ **The credit equals the total Class 2 real property taxes paid by a qualified corporation or qualified unincorporated business for a qualified retail owned location during the taxable year not to exceed $5,000; *or* 10% of the total rent paid by a qualified corporation or qualified unincorporated business for a qualified rental retail location not to exceed $5,000.**

1 Amount of federal gross receipts or sales. *Do not make claim if $2.5m or more.*	1 $	.00
2 If tenant, amount of rent paid in taxable year 2021 on qualified retail location.	2 $	.00
3 Enter the Class 2 property taxes paid in 2021 on qualified owned retail location or 10% of rent paid in taxable year 2021 on qualified rental retail location.	3 $	.00
4 Property Tax Credit Limit.	4 $ 5 0 0 0	.00
5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here, and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.	5 $	.00

6 Owner/Landlord's name

Owner/Landlord's address (number and street)

Telephone number

City   State   Zip Code +4

7 *If Owner, enter information from your real property tax bill or assessment. If a section is blank on your property <u>tax bill, leave it bl</u>ank here.*

Square number   Suffix number   Lot number

Revised 07/2021